

November 30, 2001

MEANS TEST TRANSMISSION TO HEALTH ELIGIBILITY CENTER

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides medical facilities with instructions and guidelines for the required transmission, via FAX and/or Imaging program, of all completed signed Means Tests (MT) to the Health Eligibility Center (HEC).

2. BACKGROUND: Under Title 38 United States Code (U.S.C.) 1722, Department of Veterans Affairs (VA) has a statutory obligation to collect income information from certain veterans and to utilize that income data to determine whether certain veterans are unable to defray the expenses of necessary medical care. For VA purposes this process is referred to as a "Means Test" (MT). VHA is implementing a technical solution to ensure that a signed MT is on file before performing income verification matching with the Internal Revenue Service (IRS) and the Social Security Administration (SSA).

3. POLICY: It is VHA policy that each individual VA health care facility visited by a veteran has the primary responsibility to ensure the veteran's eligibility. ***NOTE:** This, for some veterans, includes the completion of an annual MT to determine their priority group placement and MT copayment status based on their self-reported income.*

4. ACTION

a. VA Medical Center Responsibilities

(1) As of January 7, 2002, submit daily, by FAX or File Transfer Protocol (FTP), images of all completed veterans' MTs (Department of Veterans Affairs (VA) Form 10-10EZ, Application for Health Benefits) to HEC. An MT is considered "complete" when requisite financial information has been entered into the Veterans Health Information Technology and Architecture (VistA) and the MT form has been signed and dated. ***NOTE:** The national dial-up number to be used by facilities for the FAX transmission of completed MT will be provided to all facilities prior to national implementation.*

(2) Each facility must assess its current FAX and/or imaging (VistA or other third party system) capabilities to determine the mechanism that will be utilized to transmit images to the HEC indexing vendor.

(a) **FAX.** Each facility should review their FAX equipment to determine if it supports the latest in facsimile technology. Suggested FAX capabilities are:

1. Automatic document feeding (ADF).
2. Minimum of a 24.0 Kbps modem.
3. Sufficient memory to transmit 40 pages in a single batch.
4. ITU-T Group 3 compliant.

VHA DIRECTIVE 2001-073

November 30, 2001

NOTE: *These minimum requirements are critical to the successful use of a FAX solution for transmittal of signed MT images. Facilities must ensure that all transmissions begin with a FAX cover page that includes the facility number, station name, and the name of the individual serving as the contact point for the sending facility. Transmission of FAX images can be sent in batch mode or individually. Care must be taken to ensure and/or validate that only one MT per patient is submitted per year.*

(b) **IMAGING and FTP** Facilities with an imaging system for administrative images that are scanning completed MT can transmit a copy of the electronic MT images to HEC using FTP protocol. Requirements for use of FTP include:

1. Images must be in a “.tif” format.
2. Each image must be compressed to a size of less than 70KB per page.
3. Imaging systems need to be set up to store the MT in its own class and/or directory.
4. Sites should have an automatic protocol to FTP the image and must set a flag within their imaging database indicating that the images have been transmitted (in order to eliminate duplicate transmissions).

NOTE: *VA facilities planning to use their imaging system to submit MT images must contact HEC in order to obtain a secure FTP address plus user identifications (Ids) and passwords. When ready to obtain FTP protocol information, each facility must contact HEC IRM at 404-235-1290 or submit a request by e-mail to HECMTIndex@med.va.gov.*

(3) Each facility should review their procedures for completion of MTs. For a MT to be acceptable and meet the signed MT indicator requirement, it must have all of the following:

- (a) Veteran’s full name printed legibly.
- (b) Veteran’s **full** 9-digit social security number.
- (c) MT income information listed or indicator that the veteran elects not to provide income, but agrees to make the copayment.
- (d) Signature of veteran.
- (e) Date of signature.

NOTE: *Non-veteran and/or applicant signatures are **not** acceptable unless accompanied by a Power of Attorney. “X” signatures are valid only if witnessed by two people.*

(4) Each VA medical center must retain the original MT locally, as authorized by VHA’s Record Control Schedule 10-1.

November 30, 2001

(5) The following patches are scheduled for release at the end of November 2001, and all VA facilities are mandated to install them no later than January 4, 2002: **NOTE:** *Detailed instructions will be provided with the release of these patches.*

(a) VistA Patch EAS*1*4. Modifications within the EAS namespace include the addition of a field within the MT (#408.31) file to contain the signature validity indicator, and three new routines to provide local reporting capability.

(b) VistA Patch IVM*2*44. Modifications within the IVM namespace include adding the population of the newly created “MT SIGNED?” field to the Z10 receiver routine.

(c) VistA Patch DG*5.3*420. This patch contains versions of existing DG* namespaced routines that control the View a Past MT menu option. This option has been modified to include reporting of MT Signature data.

(d) VistA Imaging Patch. For facilities using the VistA Imaging package to scan MT, a patch will be released that will automatically place a copy of the scanned MT image file into the MT designated directory. The user who performs the scan must identify the document as a MT. VistA Imaging will record the fact that the scanned document was sent to HEC in the VistA Imaging database record for that image. **NOTE:** *This functionality will be released as a separate patch and is expected by January 2002.*

(6) Each VA medical center must establish a local mail group within VA’s Global Address List of Microsoft Exchange to be used for e-mail communication between HEC, the vendor, and VA facilities. This mail group must be populated with individuals who will oversee and act as local points of contact (POC) for the MT transmissions to HEC and/or vendor. Responsible employees were previously identified to HEC in October 2001. However, sites may include other staff involved in the signed means test project within their local mail group. Mail group members should be familiar with means testing and will serve as liaisons for administrative and technical needs for their facilities.

(a) Each facility’s Exchange Administrator is required to establish this mail group with a local facility and/or Veterans Integrated Service Network (VISN) naming convention by December 7, 2001, using the following format for the SMTP:

3-digit facility number+MT+up to 4-character facility abbreviation@med.va.gov

For example, for Washington DC: 688mtwash@med.va.gov

(b) Once this e-mail group is established, the “owner” or the facility’s Exchange Administrator must send a confirmation e-mail to HECMTIndex@med.va.gov.

NOTE: *Latest and any updated information on these requirements will be provided to each facility and will also be available at the HEC website location <http://152.128.1.90/health/hec> or at <http://vaww.va.gov/health/hec/>.*

VHA DIRECTIVE 2001-073

November 30, 2001

b. HEC Responsibilities

(1) HEC will verify the presence of a signed MT, store the signed MT indicator and images in its information system and automatically notify field facilities of the MT indicator. HEC has entered into a contract with a third party vendor who will receive, review, and index the images received by FAX and/or FTP from all field facilities in accordance with the requirements specified in this Directive. The images will be uploaded into the HEC imaging database and a signed MT indicator will be set and stored within the HEC system. Images that are not readable or identifiable will be returned by the contractor to the originating facility for correction and resubmission.

(2) HEC will validate and report the status of these images to all facilities involved in the enrollment and/or care of that veteran. This data will also be available in response to inquiries from any site through the MT sharing program.

(3) HEC will provide quarterly reports to each VISN with a facility breakdown, indicating the number of images received, the number with a valid signed MT indicator, the number with invalid indicators, and the number of MTs for which no signed MT image has been received.

5. REFERENCES: Public Law 101-508, Omnibus Budget Reconciliation Act of 1990.

6. FOLLOW-UP RESPONSIBILITY: Questions concerning the content of this Directive should be referred to the Health Eligibility Center at 404.235.1300 or by e-mail to HECMTIndex@med.va.gov.

7. RECISSIONS: This VHA Directive expires November 30, 2006.

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